

CITY OF SOUTH FULTON BUSINESS OCCUPATIONAL TAX CERTIFICATE ZONING CONFIRMATION FORM

The issuance of a Business Tax Certificate <u>does not</u> insure that a business can legally operate at the subject site. This form must be submitted to the Fulton County Department of Environment & Community Development as part of the application process in order to verify that the subject site is zoned appropriately for the applicant's business type.

Business Name:		
Business Address:		
City, State, Zip		
Business Phone # Fax#		
Email :		
Type of Business (primary)		
Description of Nature of Business		
Will you be storing any material(s) pertaining to the business at the Bus (if yes please list material(s)		
Type of Ownership:GA CorporationForeign Corporation Sole Owner	Partnership Other	
Corporate Name:Owners Name	-	
-	City, State, Zip	
Primary Contact: I	Phone #	
I, the undersigned, verify that the information completed on this form is		
CUSTOMER SIGNATURE		
(FOR OFFICE USE ONLY	<u>()</u>	
1 The address above is zoned and applicant's referenced business type.	d can be utilized for the legal operation of the	
2 The address above is zoned and operation of the applicant's referenced business type.	d <u>CANNOT</u> be utilized legally for the	
Staff Signature: Date:		

ARTICLE 4.12 - HOME OCCUPATION REGULATIONS.

A HOME OCCUPATION IS PERMITTED AS AN ACCESSORY USE OF A DWELLING UNIT IN ANY ZONING DISTRICT AND ITS OPERATION AND **EMPLOYEES ARE LIMITED TO MEMBERS OF THE RESIDENT FAMILY ONLY.** THE FOLLOWING ARE LIMITATIONS ON HOME OCCUPATIONS.

- A. THE SMALLER OF 25% OR 750 SQUARE FEET OF THE GROSS FLOOR AREA OF A DWELLING UNIT MAY BE USED FOR ACTIVITIES DEVOTED TO THE HOME OCCUPATION.
- B. ACCESORY BUILDINGS AND STRUCTURES MAY NOT BE USED FOR THE HOME OCCUPATION.
- C. THERE SHALL BE NO SIGNS IDENTIFYING THE HOME OCCUPATION, NOR SHALL THERE BE ANY STORAGE, DISPLAY OF ACTIVITY ASSOCIATED WITH THE HOME OCCUPATION VISIBLE OUTSIDE THE STRUCTURE (AMENDED 03/03/04).
- D. SAID USES ARE EXCLUDED: AUTO REPAIR OR SIMILAR OPERATIONS, RESTAURANTS, KEEPING OF ANIMALS, FUNERAL HOMES, RETAIL OR WHOLE SHOPS, MOTEL TYPE ESTABLISHMENTS, TAXI SERVICES OR ANY OTHER OCCUPATION FOUND INCOMPATIBLE WITH THE INTENT OF THIS RESOLUTION.
- E. RESIDENT PARTICIPANTS IN A HOME OCCUPATION MUST HAVE THE APPROPRIATE OCCUPATIONAL LICENSING INCLUDING BUSINESS LICENSES.
- F. NO HOME OCCUPATION SHALL GENERATE TRAFFIC, SOUND, SMELL, VIBRATION, LIGHT OR DUST THAT IS OFFENSIVE.
- G. NO MORE THAN TWO (2) CLIENTS OR PATRONS ARE ALLOWED ON THE PREMISES AT THE SAME TIME IN CONJUNCTION WITH THE HOME OCCUPATION (EXCEPT PERSONS IN A CARE AT A FAMILY DAY CARE HOME, WHERE NO MORE THAT SIX (6) CLIENTS ARE ALLOWED.
- H. VEHICLES KEPT ON SITE IN ASSOCIATION WITH THE HOME OCCUPATION SHALL BE USED BY RESIDENTS ONLY.
- I. THE TRANSPORTING OF GOODS BY TRUCK IS PROHIBITED. INCOMING VEHICLES RELATED TO THE HOME OCCUPATION SHALL BE PARKED OFF-STREET WITHIN THE CONFINES OF THE RESIDENTIAL DRIVEWAY OR OTHER ON-SITE PERMITED PARKING.
- J. HOME OCCUPATONS MUST EXCLUDE THE USE OF INSTRUMENTS, MACHINERY OR EQUIPMENT THAT EMIT SOUNDS (I.E. MUSICAL INSTRUMENTS, SEWING MACHINES, SAWS, DRILLS) THAT ARE DETECTABLE BEYOND LIMIT.
- K. FAMILY DAY CARE HOMES ARE PROHIBITED WITHIN MULTI-FAMILY DWELLINGS.
- L. FAMILY DAY CARE HOMES SHALL PROVIDE OUTDOOR PLAY AREAS AS REQUIRED BY GEORGIA LAW, BUT SUCH AREAS SHALL BE LIMITED TO SIDE OR REAR YARDS OUTSIDE THE MINIMUM YARD AREA AND SHALL NOT OCCUPY ANY YARD ADJOINING A STREET.
- M. FAMILY DAY CARE HOME SHALL BE LOCATED AT LEAST 1,000 (ONE THOUSAND) FEET IN ALL DIRECTIONS FROM ANY OTHER SUCH USE OPERATED AS A HOME OCCUPATION.
- N. FAMILY DAY CARE HOME HOURS OF OPERATION SHALL BE LIMITED TO MONDAY THROUGH SATURDAY FROM 6:00 AM TO 7:00 P.M.

FAMILY DAY CARE HOME OPERTIONS SHALL HAVE A CURRENT CERTIFIED COPY OF THE OPERATOR'S STATE OF GEORGIA FAMILY DAY CARE REGISTRATION, CURRENT FIRE INSPECTION, AND CURRENT CAREGIVER FIRE SAFETY CERTIFICATION WHICH SHALL BE FILED WITH THE BUSINESS LICENSE APPLICATION AND RENEWALS.

O. NO HOME OCCUPATION SHALL BE OPERATED TO AS TO CREATE OR CAUSE A NUISANCE.

I HAVE RECEIVED ARTICLE 4.12. HOME OCCUPATION REGULATIONS.

NAME	ADDRESS	DATE
CITY/STATE/ZIP CODE		PHONE NUMBER